05/10/22 • COVID › VIEWS

500,000 Germans Severely Injured by COVID-19 Vaccines, Survey by Top Hospital Shows

Researchers at Charité Berlin, Germany's top hospital and one of Europe's largest, announced a high rate of COVID-19 vaccine severe side effects lasting months or longer based on a survey of about 40,000 Germans.

By Josh Guetzkow, Ph.D.

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Some highlights:

1. Researchers estimate eight serious side effects per 1,000 vaccinated people, compared to 0.2 estimated by the Paul Ehrlich Institute (PEI), Germany's vaccine watchdog.

2. This equates to an underreporting factor (URF) of 40x, which is almost exactly the same as the Vaccine Adverse Event Reporting System (VAERS) URF estimated by Steve Kirsch.

3. The study's lead researcher, Dr. Harald Matthes, estimated half a million Germans experienced serious side effects following vaccination. Survey findings indicate up to 80% of people with severe reactions recover within three to six months, but for 20% the symptoms persist.

This equates to 100,000 Germans currently suffering from long-term serious side effects. That means 0.16% of people vaccinated are still suffering serious side effects more than six months following vaccination.

4. This is a major embarrassment for the PEI, which has maintained all along that it is doing a thorough tracking of vaccine adverse events and denounced as "anti-vaxxers" anyone who questioned the official numbers.

5. Matthes called on the government to take people claiming vaccine injury seriously and to provide dedicated outpatient care to the vaccine-injured.

He noted most have been unable to find help in the current medical climate, which both strongly

discourages talking about vaccine injury and is basically clueless about how to help the vaccine-injured.

Matthes also called for allowing doctors to discuss vaccine injury openly so that they can develop treatments without fear of being denounced as "anti-vaxxers."

6. Matthes noted a strong similarity between many of the symptoms of so-called "long COVID" and vaccine injury and believes treatments for long COVID may be helpful in addressing vaccine injury.

For more on this, see my presentation at PANDA's open science meeting on a unified theory of susceptibility to COVID and injuries from COVID-19 vaccines.

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7. Germany set up outpatient clinics devoted to long COVID, and the vaccine-injured can turn to them for help. But there's a problem: too many injuries.

From this article:

> "The special outpatient clinic at the University Hospital in Marburg is a prominent example of this. The employees actually wanted to do research on Long Covid, but now they mainly care for patients with severe vaccination side effects.
>
> "Between 200 and 400 e-mails from those affected are now received daily in the Marburg special outpatient clinic, and the waiting list includes around 800 patients.
>
> "The problem here, however, is that demand far outstrips supply. 'We need more outpatient clinics, they are far from enough,' emphasizes Matthes in the MDR report. [Note that outpatient treatment in German is machine-translated into 'ambulances' in English.]"

8. This story is huge. It is akin to researchers at Harvard Medical School coming forward and announcing the Centers for Disease Control and Prevention (CDC) was undercounting the serious adverse event rate by a factor of 40, that vaccine injury is real, the vaccine-injured need to be taken seriously and treated, and that doctors need to be able to voice their opinions openly without fear of retribution so treatments for the vaccine-injured can be developed.

9. In this interview, Matthes is asked about Andreas Schöfbeck, the insurance company executive who was fired after raising concerns about vaccine injury based on claims data:

> "He should have said there is a clue here, but causality has yet to be verified. It wasn't entirely clear if he was speaking politically, or if he was just doing his due diligence and saying: Here's a signal that needs to be investigated further, please. That little

> differentiation cost him his job.
>
> "But if you then look at how black and white is currently being painted in public and with what vehemence certain opinions are exchanged without there being any facts — then you realize how unfairly he was punished for something that maybe was not quite carefully worded."

You can tell Matthes is being very cautious in his choice of words, but one can hardly justify Schöfbeck's firing on the grounds that he was not guarded enough in his statements. (I'd bet dollars to donuts he would have been fired even if his statement was more carefully worded.)

10. Curiously, Matthes says the eight per 1,000 serious event rate "corresponds to what is known from other countries such as Sweden, Israel or Canada. Incidentally, even the manufacturers of the vaccines had already determined similar values in their studies."

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Is this true? My experience from Israel says it's not. Perhaps there is some wiggle room, as according to this article, the study defines "serious events" as "symptoms that require medical treatment and last for several weeks or months."

As far as I know, no study or data out of Israel has tracked serious events by that definition. If anybody knows what data he is comparing to, in Israel or elsewhere, please let us know in the comments.

11. Of course there are a lot of possible biases in the survey methodology. Unfortunately, I was not able to find any details on the methodology of the survey, so a more complete discussion of that will have to wait for another time.

One thing for sure: People who died from the vaccine can't answer a survey, so the research has nothing to say on this issue.

Here are links to some of the articles I found on this story in the mainstream German press: 1, 2, 3, 4. Machine translation is more than serviceable.

And here is a video (again in German) from a mainstream German broadcaster on vaccine injuries, including an interview with Matthes. No translation is possible.

Originally published on Josh Guetzkow's Jackanapes Junction Substack page.

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.

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